

To:

Home Health
Agencies

HMOs and Other
Managed Care
Programs

Home Health Agencies May Request Physician Signature Extension for Recipient Plans of Care

Beginning immediately, Medicare-certified home health agencies may submit a new form to request an extension of 20 working days to obtain a physician's signature for verbal orders on recipients' written plans of care for recertification periods. The new optional form is titled Verbal Orders for Recertification: Home Health Agency Request for Variance of Physician Signature Requirement, HCF 1017 (Dated 11/05).

Physician Signature Extension

Wisconsin Medicaid recognizes that Medicare-certified home health agencies can encounter difficulties obtaining a physician's signature for plan of care (POC) recertifications within the time designated by Wisconsin Administrative Code. In response, the Department of Health and Family Services (DHFS) has established a process and created a form titled Verbal Orders for Recertification: Home Health Agency Request for Variance of Physician Signature Requirement, HCF 1017 (Dated 11/05), to expedite requests for a 20 working day extension to obtain the physician's signature. (Working days refer to Monday through Friday.) The variance is limited to verbal orders for POC recertification periods. The variance will increase the time providers have to obtain the physician's signature on recipients' POC.

Through the administrative rule-making process effective with the scope statement of August 1, 2003, Wisconsin Medicaid has drafted language to address the situation created with the implementation of Medicare changes involving the time frame for collecting Outcome and Assessment Information Set (OASIS) data. Until changes to HFS 105 and 107, Wis. Admin. Code, become effective, the DHFS recommends that those agencies use the Verbal Orders for Recertification: Home Health Agency Request for Variance of Physician Signature Requirement form when requesting a variance to the Wisconsin Medicaid administrative code pertaining to requirements for having the physician review the recipient's POC and obtaining the physician's dated signature on the recipient's written POC prior to recertification periods.

Submitting a Variance Request

Only Wisconsin Medicaid-certified home health agencies that are Medicare-certified may submit the Verbal Orders for Recertification: Home Health Agency Request for Variance of Physician Signature Requirement form.

Any branch of a Medicare-certified home health agency that is assigned its own unique Wisconsin Medicaid provider number must submit a *separate* request form to also receive the variance.

Providers should not submit a request for each recipient. Only one form per Wisconsin Medicaid provider number should be submitted.

Obtaining the Physician's Signature

Under the variance, agencies will be required to obtain the physician's signature on the recipient's written POC before submitting claims for services to Wisconsin Medicaid. The physician's signature must be obtained no later than 20 working days following the "From" date listed on the POC for the recertification period. This is also the same date listed as the "From" date in Element 4 of the Prior Authorization/Home Care Attachment (PA/HCA), HCF 11096 (Dated 09/05).

If the home health agency does not obtain the physician's signature as required by the variance, the agency is providing services without written orders, and such services are non-reimbursable as stated in HFS 107.02(2)(f), Wis. Admin. Code. When the physician's dated signature is obtained more than 20 working days after the "From" date listed on the POC for the recertification period, claims for services provided may be reimbursed beginning with the date the agency receives the physician's dated signature on the recipient's written POC.

Documentation Requirements

The variance is applicable only when the agency has obtained verbal orders and sent the POC to the ordering physician *before* the beginning of the recertification period. The agency must maintain documentation of the date the POC was sent to the ordering physician for his or her signature.

When the POC is prepared, Wisconsin Medicaid requires home health agencies to include all the components as instructed in the Prior Authorization/Home Care Attachment Completion Instructions, HCF 11096A (Dated

09/05). The nurse obtaining verbal orders for a recertification period under the variance is required to complete Element 25 as stated in the PA/HCA Completion Instructions after reviewing the POC with the ordering physician. In the context of the instructions for Element 25, the nurse is expected to review the POC with the ordering physician as appropriate to the nurse's license under ch. N 6, Wis. Admin. Code.

Effective Date of Variance

Beginning immediately, providers may submit the Verbal Orders for Recertification: Home Health Agency Request for Variance of Physician Signature Requirement form to request an extension.

Home health agencies will receive a signed letter from Wisconsin Medicaid for their records that includes the effective date and the terms of the discretionary variance.

Unless an agency has received a letter from Wisconsin Medicaid granting the variance, the agency is required to comply with the physician signature requirements as stated in Wisconsin Administrative Code or be subject to a potential recovery of any improper payment.

Medicare and Wisconsin Medicaid Certification Requirements

Wisconsin Medicaid requires home health agencies to first be *Medicare* certified before obtaining certification with Wisconsin Medicaid. In addition, an agency is required to maintain *Medicare* certification to continue to be eligible for Wisconsin Medicaid certification.

Medicare requires a home health agency to complete the OASIS between days 55 and 60 of each 60-day certification period. *Wisconsin Medicaid* requires that the home health agency have the POC signed and dated by the physician prior to the continuation of services

Home health agencies will receive a signed letter from Wisconsin Medicaid for their records that includes the effective date and the terms of the discretionary variance.

past the initial 60-day certification period, as stated in ch. HFS 107.11(6)(b)4, 107.113(2), and 107.12(1)(d)2, Wis. Admin. Code.

Because strict enforcement of Wisconsin Administrative Code could result in unreasonable hardship to the home health agency, Wisconsin Medicaid recommends that home health agencies complete the Verbal Orders for Recertification: Home Health Agency Request for Variance of Physician Signature Requirement form to request a 20 working day extension to obtain a physician's signature for verbal orders for POC recertifications.

Obtaining the Form

Providers may photocopy the Verbal Orders for Recertification: Home Health Agency Request for Variance of Physician Signature Requirement form found in Attachment 2 of this *Wisconsin Medicaid and BadgerCare Update*.

The form is also available in both fillable Portable Document Format and fillable Microsoft® Word format from the Forms page of the Wisconsin Medicaid Web site at dhfs.wisconsin.gov/medicaid/.

The Verbal Orders for Recertification: Home Health Agency Request for Variance of Physician Signature Requirement Completion Instructions, HCF 1017A (Dated 11/05), are also available on the Wisconsin Medicaid Web site, or providers may photocopy them from Attachment 1.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT 1

Verbal Orders for Recertification: Home Health Agency Request for Variance of Physician Signature Requirement Completion Instructions

(A copy of the "Verbal Orders for Recertification: Home Health Agency Request for Variance of Physician Signature Requirement Completion Instructions" is located on the following page.)

WISCONSIN MEDICAID
VERBAL ORDERS FOR RECERTIFICATION: HOME HEALTH AGENCY REQUEST FOR
VARIANCE OF PHYSICIAN SIGNATURE REQUIREMENT COMPLETION INSTRUCTIONS

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients. The information on this voluntary form is only to be used by home health agencies for the purpose of requesting a variance of the date by which the agency must have a physician review the recipient's plan of care (POC) and obtain the physician's dated signature on the recipient's written POC for recertification periods.

Plan of Care Recertification Period Physician Signature Requirements

For home health services, the provision of HFS 107.11(6)(b)4, Wis. Admin. Code, states that the written POC shall be reviewed, signed, and dated by the recipient's physician as often as required by the recipient's condition but at least every 62 days.

For services provided to recipients dependent on a ventilator for life support, the provision of HFS 107.113(2), Wis. Admin. Code, states that the written POC shall be reviewed, signed, and dated by the recipient's physician and renewed at least every 62 days and whenever the recipient's condition changes.

For private duty nursing services, the provision of HFS 107.12(1)(d)2, Wis. Admin. Code, states that the written POC shall be reviewed and signed by the recipient's physician as often as required by the recipient's condition, but not less often than every 62 days.

INSTRUCTIONS

When requesting a variance from the requirements as stated in ch. HFS 107.11(6)(b)4, 107.113(2), and/or 107.12(1)(d)2, Wis. Admin. Code, the home health agency must submit the information contained in this form to Wisconsin Medicaid. Providers are required to include all information on this form.

The home health agency should complete a variance request form for itself and a separate variance request form for each branch that is assigned a unique Wisconsin Medicaid provider number. Each variance granted is specific to the agency's Wisconsin Medicaid provider number.

Providers may submit this form by fax to Wisconsin Medicaid at (608) 266-1096 to the attention of the Home Care Policy Analyst. Providers who wish to submit this form by mail may do so by submitting it to the following address:

Home Care Policy Analyst
Wisconsin Medicaid
Department of Health and Family Services
PO Box 309
Madison WI 53701-0309

ATTACHMENT 2

Verbal Orders for Recertification: Home Health Agency Request for Variance of Physician Signature Requirement

(A copy of the "Verbal Orders for Recertification: Home Health Agency Request for Variance of Physician Signature Requirement" is located on the following page.)

WISCONSIN MEDICAID
VERBAL ORDERS FOR RECERTIFICATION: HOME HEALTH AGENCY REQUEST FOR
VARIANCE OF PHYSICIAN SIGNATURE REQUIREMENT

Instructions: Print or type clearly. Refer to the Verbal Orders for Recertification: Home Health Agency Request for Variance of Physician Signature Requirement Completion Instructions, HCF 1017A, for detailed information on completing this form.

SECTION I — HOME HEALTH AGENCY INFORMATION

Name — Home Health Agency

Telephone Number — Agency

Agency's Wisconsin Medicaid Provider Number

Address (Street, City, State, and Zip Code) — Agency

The previously listed home health agency requests an HFS 106.13, Wis. Admin. Code, Discretionary Variance of provisions ch. HFS 107.11(6)(b)4, 107.113(2), and/or 107.12(1)(d)2, Wis. Admin. Code.

Wisconsin Medicaid requires home health agencies to be Medicare certified. A home health agency is required to comply with Medicare conditions of participation to maintain Medicare certification, including the completion of the Outcome and Assessment Information Set between days 55 and 60 of each 60-day certification period. Complying with this Medicare requirement reduces the amount of time the home health agency has to comply with Wisconsin Medicaid's requirement to have a physician review the recipient's plan of care (POC) and obtain the physician's dated signature on the recipient's written POC. Therefore, strict enforcement of the Wisconsin Medicaid physician signature requirement would result in unreasonable hardship on the provider.

The home health agency named in this section requests a discretionary variance that permits the agency to have a physician review the recipient's POC and obtain the physician's dated signature on the recipient's written POC under the same Wisconsin Medicaid requirement for obtaining the physician's dated signature for an initial certification period.

SECTION II — HOME HEALTH AGENCY ATTESTATION

As an authorized representative for the home health agency named in Section I, I attest that if the variance is granted as requested in Section I, the agency will comply with the following condition:

The health, safety, and welfare of each recipient will not be adversely affected as a result of having a physician review the recipient's POC and obtaining the physician's dated signature on the recipient's written POC after the start of the recertification period. The agency shall receive and document verbal orders from the recipient's physician and send them to the ordering physician for his or her signature prior to the recertification period that the orders cover.

Name — Authorized Representative of Home Health Agency (Print)

Title — Authorized Representative

SIGNATURE — Authorized Representative of Home Health Agency

Date Signed

FOR OFFICE USE ONLY

Date Variance Request Received by Wisconsin Medicaid

Date Variance Granted

Effective Date of Variance

Name — Received by (Print)